



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 7156		2. Exact name of the Corporation FOUNTAIN DISPENSERS COMPANY, INC.			
3. Principal office address 20 Alicia Circle			City Warwick	State RI	Zip 02886
4. Business Phone No. 884-8882			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Buying, selling, leasing, servicing and dealing in and with air cleaners, filters and any other lawful purpose.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Francis W. Marceau			Vice-President Name Francis W. Marceau		
Street Address 20 Alicia Circle			Street Address 20 Alicia Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Francis W. Marceau			Treasurer Name Francis W. Marceau		
Street Address 20 Alicia Circle			Street Address 20 Alicia Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	common	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

FILED

Check No _____

JUN 27 2013

By: _____

3492

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Francis W. Marceau 6/10/13
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Francis W. Maceau

Print or Type Name of Authorized Representative